

Occupational Therapy Demand Management Matrix

Level 1: Urgent - To be seen today

- Patients requiring positioning for upper limb deficit or significant motor function decline
- MAU KPI adherence regardless of EDD
- Patients with identified OT requirements being discharged home same day
- Palliative in the terminal phase for discharge home asap
- Patients only awaiting OT review prior to d/c
- Essential assessments to allow discharge and for patient/staff safety on the ward e.g. ACAT, compact, transpac, ARCCS, behavioural issues)
- Supply of essential equipment (e.g. wheelchairs, pressure cushions, bariatric equipment, equipment to adhere to hip precautions)
- Patients requiring advice on hip precautions or post sternotomy
- Assessment of clients referred >72 hours ago
- PTA testing
- Outpatients requiring first appointments after hand surgery

Level 2: Semi Urgent – To be seen within 24 hours

- Assessment of clients referred 48-72 hours ago
- Assessment to enable provision of therapy plan for OTA
- Patients who have not had an upper limb review for 1 week
- Access visit or home visit essential for pending discharge e.g. essential modifications/equipment
- Family conferences

Level 3: Desirable – To be seen within 48 hours

- Assessment of clients referred 24-48 hours ago
- Case conference

Level 4: Optimal – As able

- Clients that are medically unwell
- Assessment and management of a functional change to determine future needs for discharge and/or to determine discharge destination
- Patients awaiting placement/patients awaiting discharge with follow up plans in place
- Functional retraining
- General education including energy conservation (unless at risk of developing complications)
- Patients who have been non-compliant with therapy on more than 3 occasions with no medical reason related
- Preadmission clinics (TKR)

Please note: Demand is not caseload specific and therefore all OTs are expected to cover on other wards/clinical areas as the need arises.

For all other non-urgent appointments, consider postponing appointment, liaise with PT re urgency, redirect to GDH if able.

When 3 or more staff down across hospital, or less than ½ normal staffing in any area (medical/surgical/rehab), or with information from Patient Flow of extreme bed block, all meet daily at 10:30 in office. Any one unable to meet is to call 8214 with number of patients meeting top priorities. Priority patients are then divided among the team to ensure they are seen.

Weekend days and public holidays are not work days for OT staff and therefore are not considered within our timeframes for assessment. Weekend cover will be considered for long weekends in pea times. Requires Divisional approval.